



**UNITED STATES DISTRICT COURT, NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION**

**NOTICE OF ARRAIGNMENT AND PLEA  
CERTIFICATE OF MAILING (continued)**

|                   |                                |                               |
|-------------------|--------------------------------|-------------------------------|
| DEFENDANT #       | <input type="text" value="3"/> | DEFENDANT'S ATTORNEY          |
| Name:             | Cristina Savu                  | Name: John Theis              |
| Address:          | MCC Chicago                    | Address: 29 South LaSalle     |
| City, State, ZIP: |                                | City, State, ZIP: Chgo, IL    |
| DEFENDANT #       | <input type="text" value="4"/> | DEFENDANT'S ATTORNEY          |
| Name:             | Igori Goreaciuc                | Name: James Marcus            |
| Address:          | MCC Chicago                    | Address: 100 West Monroe      |
| City, State, ZIP: |                                | City, State, ZIP: Chicago, IL |
| DEFENDANT #       | <input type="text"/>           | DEFENDANT'S ATTORNEY          |
| Name:             |                                | Name:                         |
| Address:          |                                | Address:                      |
| City, State, ZIP: |                                | City, State, ZIP:             |
| DEFENDANT #       | <input type="text"/>           | DEFENDANT'S ATTORNEY          |
| Name:             |                                | Name:                         |
| Address:          |                                | Address:                      |
| City, State, ZIP: |                                | City, State, ZIP:             |
| DEFENDANT #       | <input type="text"/>           | DEFENDANT'S ATTORNEY          |
| Name:             |                                | Name:                         |
| Address:          |                                | Address:                      |
| City, State, ZIP: |                                | City, State, ZIP:             |
| DEFENDANT #       | <input type="text"/>           | DEFENDANT'S ATTORNEY          |
| Name:             |                                | Name:                         |
| Address:          |                                | Address:                      |
| City, State, ZIP: |                                | City, State, ZIP:             |
| DEFENDANT #       | <input type="text"/>           | DEFENDANT'S ATTORNEY          |
| Name:             |                                | Name:                         |
| Address:          |                                | Address:                      |
| City, State, ZIP: |                                | City, State, ZIP:             |